



# Wireless Dispute

## Carrier Dispute Information

Date	Billing Number	Company
Amount Disputed	Claim Number	Bill Date

Dispute Code (select one)

- |   |   |
|---|---|
| <input type="checkbox"/> Add, Remove or Change BTN  | <input type="checkbox"/> Monthly Recurring Charge |
| <input type="checkbox"/> Change Bill Name / Address | <input type="checkbox"/> Non-Recurring Charge     |
| <input type="checkbox"/> Circuit Installation       | <input type="checkbox"/> Quantity of FIDs/USOCs   |
| <input type="checkbox"/> Contract Rates             | <input type="checkbox"/> Request Bill Copy        |
| <input type="checkbox"/> General Inquiry            | <input type="checkbox"/> Taxes                    |
| <input type="checkbox"/> Multiple Disputes          | <input type="checkbox"/> Unauthorized Charges     |
| <input type="checkbox"/> Late Payment Charges       | <input type="checkbox"/> Usage                    |
| <input type="checkbox"/> Mileage                    | <input type="checkbox"/> Wireless Porting Charges |

Earning Telephone Number(s)

Circuit Number(s)

Item Number	Page Number
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Attachment  Yes  No **If yes, provide the item number and page number of each disputed amount.**

Reason for Dispute

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## Customer Contact Information

Name	Telephone Number
Email	Fax Number

**Submit via email by clicking here**

**or fax to 770-493-7593 or 770-493-8571**